

AMERIGROUP/SUNFLOWER/UNITEDHEALTHCARE CRITERIA FOR PRIOR AUTHORIZATION

Initial Approval: April 10, 2013

Iron Chelating Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug(s) require prior authorization:
Deferiprone (Ferriprox®)

CRITERIA FOR TRANSFUSIONAL IRON OVERLOAD: (must meet all of the following)

- Patient must be ≥ 2 years of age
- Patient must have been transfused with at least 100 mL/kg of packed red blood cells (e.g., at least 20 units of packed red blood cells for a 40-kg person)
- Patient must have a serum ferritin $> 1,000$ mcg/L
- Patient must have an absolute neutrophil count (ANC) $< 1.5 \times 10^9/L$

LENGTH OF INITIAL APPROVAL 3 months

RENEWAL CRITERIA FOR TRANSFUSIONAL IRON OVERLOAD: (must meet all of the following)

- Serum ferritin is monitored monthly
- Serum ferritin is consistently > 500 mcg/L

LENGTH OF RENEWAL APPROVAL 6 months